

DEMOGRAPHIC INFORMATION FORM TO BE COMPLETED BY PATIENT (18 years & older or UIP)

Date of Visit _____ Appointment Time _____ Sign-In Time _____

First Time Visit? Yes _____ No _____ Reason for Visit _____

Last Name _____ Legal 1st Name _____ MI _____

Home Address _____ Apt # _____ City _____ ZIP _____

Mailing Address _____ Apt # _____ City _____ ZIP _____

DOB _____ Home Phone # _____ Cell/Mobile # _____

Marital Status - Single _____ Married _____ Divorced _____ Separated _____ Widow/Widower _____

Birth Status - Single _____ Twin _____ Triplet _____ Quad _____ Birth Order 1st _____ 2nd _____ 3rd _____ 4th _____

Social Security # _____ Language _____ M _____ F _____ Race _____ Hispanic Yes _____ No _____

Emergency Contact Name _____ Relationship _____ Phone # _____

Are you covered by Medicaid? Yes _____ No _____ Medicaid ID Number _____

Are you covered by Medicare? Yes _____ No _____ Medicare ID Number _____

Do you have Health Insurance? Yes _____ No _____ INS. Name/Policy # _____

Are you seeking a primary care physician? Yes _____ No _____

Employer _____ Work # _____ Gross Income Mo _____

US Citizen Yes _____ No _____ Country of Birth _____ Date Arrived in US _____

Lived outside the US for more than 2 months? Yes _____ No _____ Country lived in for more than 2 months. _____

Migrant Worker Yes _____ No _____ Seasonal Agricultural Worker Yes _____ No _____ Highest Level of Education _____

Pregnant Yes _____ No _____ Expected Delivery Date _____ Number Unborn Children _____

Please list all family members living in your home and note monthly income if applicable

(Income includes all earnings from jobs, pensions, child support, social security, death benefit, alimony, unemployment/worker's compensation, veteran benefits, investments, trust funds, rental income, self employment, Public Assistance, grants or any other income received.)

Name	Date of Birth	SS#	Relationship	Monthly Income

DEMOGRAPHIC INFORMATION FORM CONTINUED

Are you paying child care? Yes _____ No _____ Monthly Amount _____

Do you pay court ordered child support for any child not living in your home? Yes _____ No _____ Amount _____

Do you live in a ..? (check one)

Do you have ...? (check all that apply)

APARTMENT _____ CAR _____

REFRIGERATOR _____

INDOOR TOILET _____

HOUSE _____ CAMPER _____

COOKING STOVE _____

RUNNING WATER FOR DRINKING _____

MOBILE HOME _____ HOMELESS _____

HOT PLATE _____

RUNNING WATER FOR BATHING _____

OTHER _____

FAN _____

How many rooms in the home? _____ How do you heat the home? _____ How do you cool the home? _____

Email Address _____ May we contact you via email? Yes _____ No _____

I affirm the information I am providing is true and correct to the best of my knowledge. I understand if I provide false or inaccurate information services may be discontinued and I may have to pay for all services received according to the appropriate fee schedule. FACS64f10.003 (5).

Signature _____ Date _____

Revised 3/30/2010